

EXHIBIT UBER-11

**ENTITY FORMATION DOCUMENTS OF
ODIN WAVE, LLC**

1. Limited Liability Company Articles of Organization Amendment
2. Operating Agreement
3. IRS Form SS-4, Application for EIN
4. Membership Certificates
5. Miscellaneous
 - A. Notice of Transaction Pursuant to Corporation Code Section 25102(f)
 - B. Statement of Information
 - C. Statement of Organizer
6. Correspondence

(28493) #474403.1



State of California Secretary of State

LIMITED LIABILITY COMPANY CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

AUG 16 2012

This Space For Filing Use Only


1. SECRETARY OF STATE FILE NUMBER 201222210221	2. NAME OF LIMITED LIABILITY COMPANY Oden Wave, LLC
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.	
<p>A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.")</p> <p>Oden Wave, LLC</p>	
<p>B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):</p> <p><input checked="" type="checkbox"/> ONE MANAGER <input type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)</p>	
<p>C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:</p>	
<p>D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.</p>	
4. FUTURE EFFECTIVE DATE, IF ANY:	
MONTH	DAY YEAR
5. NUMBER OF PAGES ATTACHED, IF ANY:	
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.	
<p><i>Ognen Stojanovski</i> SIGNATURE OF AUTHORIZED PERSON Ognen Stojanovski, Manager TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON</p>	
<p>August 16, 2012 DATE</p>	
7. RETURN TO:	
NAME	John F. Gardner
FIRM	Fitzgerald, Abbott & Beardsley, LLP
ADDRESS	1221 Broadway, 21st Floor
CITY/STATE	Oakland, CA
ZIP CODE	94612

SEC/STATE FORM LLC-2 (Rev. 03/2005) – FILING FEE \$30.00

APPROVED BY SECRETARY OF STATE




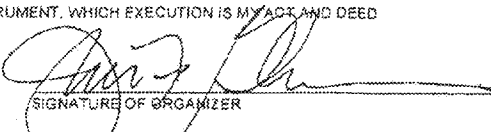
I hereby certify that the foregoing transcript of _____ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

AUG 24 2012 

Date: _____


DEBRA BOWEN, Secretary of State

201222210221

 <p>State of California Secretary of State</p> <p>Limited Liability Company Articles of Organization</p> <p>A \$70.00 filing fee must accompany this form.</p> <p>Important – Read instructions before completing this form.</p>	<div style="border: 1px solid black; padding: 2px;">LLC-1</div>	<p>File # _____</p> <p>ENDORSED - FILED in the office of the Secretary of State of the State of California</p> <p>AUG 09 2012</p> <p style="text-align: center;">This Space For Filing Use Only</p>
<p>Entity Name (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Lid." and "Co.," respectively.)</p>		
<p>1. NAME OF LIMITED LIABILITY COMPANY</p> <p>Oden Wave, LLC</p>		
<p>Purpose (The following statement is required by statute and should not be altered.)</p>		
<p>2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.</p>		
<p>Initial Agent for Service of Process (If the agent is an individual, the agent must reside in California and both items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and item 3 must be completed (leave item 4 blank).)</p>		
<p>3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS</p> <p>John F. Gardner</p>		
<p>4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE</p> <p>1221 Broadway, 21st Floor Oakland CA 94612</p>		
<p>Management (Check only one)</p>		
<p>5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY</p> <p><input checked="" type="checkbox"/> ONE MANAGER</p> <p><input type="checkbox"/> MORE THAN ONE MANAGER</p> <p><input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)</p>		
<p>Additional Information</p>		
<p>6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE</p>		
<p>Execution</p>		
<p>7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED</p>		
<p>8/8/12 DATE</p>		
<p style="text-align: center;">  SIGNATURE OF ORGANIZER John F. Gardner TYPE OR PRINT NAME OF ORGANIZER </p>		
<p>LLC-1 (REV 04/2010)</p>		<p>APPROVED BY SECRETARY OF STATE</p>



State of California Secretary of State

LIMITED LIABILITY COMPANY CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

IMPORTANT – Read Instructions before completing this form.

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 201222210221	2. NAME OF LIMITED LIABILITY COMPANY Oden Wave, LLC
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.	
<p>A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.")</p> <p>Oden Wave, LLC</p>	
<p>B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):</p> <p><input checked="" type="checkbox"/> ONE MANAGER</p> <p><input type="checkbox"/> MORE THAN ONE MANAGER</p> <p><input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)</p>	
<p>C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:</p>	
<p>D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.</p>	
4. FUTURE EFFECTIVE DATE, IF ANY:	
MONTH	DAY YEAR
5. NUMBER OF PAGES ATTACHED, IF ANY:	
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.	
 SIGNATURE OF AUTHORIZED PERSON Ognen Stojanovski, Manager TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON	August __, 2012 DATE
7. RETURN TO:	
NAME	John F. Gardner
FIRM	Fitzgerald, Abbott & Beardsley, LLP
ADDRESS	1221 Broadway, 21st Floor
CITY/STATE	Oakland, CA
ZIP CODE	94612

SEC/STATE FORM LLC-2 (Rev. 03/2005) – FILING FEE \$30.00

APPROVED BY SECRETARY OF STATE

**OPERATING AGREEMENT
OF
ODIN WAVE, LLC**

THIS OPERATING AGREEMENT (this "Agreement") dated as of August 21, 2012, is declared to be the Operating Agreement of Odin Wave, LLC (the "Company") by Sandstone Group, LLC, a California limited liability company, its sole member (the "Sole Member").

RECITALS

A limited liability company with the name "Odin Wave, LLC" having been formed under the Beverly-Killea Limited Liability Company Act (the "Act") by the filing of Articles of Organization (as amended from time to time, the "Articles of Organization") with the California Secretary of State on August 9, 2012, the Sole Member now desires to declare this to be the Operating Agreement of the Company in respect of the affairs of the Company and the conduct of its business.

Accordingly, the Sole Member declares the following to be the Operating Agreement of the Company:

1. Formation. The Company has been formed as a limited liability company pursuant to the provisions of the Act by the filing of the Articles of Organization with the Secretary of State of the State of California.
2. Name. The name of the Company is "Odin Wave, LLC".
3. Purpose. The purpose of the Company is to engage in any lawful act or activity for which a limited liability company may be organized under the Act.
4. Principal Place of Business. The location of the Company's principal place of business is at 2201 Dwight Way, Berkeley, California 94704. The Company may locate its places of business and registered office at such place or places within the State of California as the Sole Member or Manager (as defined below) may, from time to time, deem advisable.
5. Registered Office. The registered office of the Company in the State of California is at 2201 Dwight Way, Berkeley, California 94704. The Company may change its registered agent from time to time as the Sole Member or Manager deems advisable.
6. Registered Agent. The name and address of the registered agent of the Company for service of process on the Company in the State of California is John F. Gardner, 1221 Broadway, 21st Floor, Oakland, California 94612. The Company may change its registered agent from time to time as the Sole Member or Manager deems advisable.

7. Term. The term of the Company commenced on the date of filing of the Articles of Organization with the Secretary of State of the State of California and ends on January 1, 2060, unless the Company is earlier dissolved in accordance with either the provisions of this Operating Agreement or the Act.

8. Member. The name and the address of the Sole Member is set forth on Schedule A, attached hereto and incorporated herein by reference.

9. Management. The business of the Company shall be managed by a manager (the "Manager") appointed by the Sole Member, or a successor Manager appointed by the Sole Member, in its sole discretion. The Manager shall serve until the earlier of: (i) the Manager's resignation, retirement, death or disability; or (ii) the Manager's removal by the Sole Member. A new Manager shall be appointed by the Sole Member upon the occurrence of any of the foregoing events. Except as otherwise set forth in this Operating Agreement, all decisions concerning the management of the Company's business shall be made by the Manager. The Sole Member hereby ratifies the appointment of Ognen Stojanovski as the initial Manager, to serve until such time as provided in this Section.

10. Officers. The Sole Member, in its discretion, may elect, replace or remove, at any time or from time to time, any officer or officers it deems advisable and appropriate.

11. Dissolution. The Company will be dissolved upon the occurrence of any of the following events: (i) when the period fixed for the duration of the Company expires; (ii) in the discretion of the Sole Member; or (iii) upon the death, insanity, bankruptcy, retirement, resignation or expulsion of the Sole Member. As soon as possible following the occurrence of any of the events listed above, affecting a dissolution of Company, Company shall file a Certificate of Dissolution with the California Secretary of State. Upon the filing of a Certificate of Dissolution, Company shall cease to carry on its business, except insofar as may be necessary for the winding up of its business. The Company's separate existence shall continue until a Certificate of Cancellation has been filed with the Secretary of State or until a decree dissolving Company has been entered by a court of competent jurisdiction.

12. Liquidation. Upon a dissolution pursuant to Section 11, the Company's business and assets will be liquidated in an orderly manner. The Sole Member may elect to be the liquidator to wind up the affairs of the Company pursuant to this Agreement. The Sole Member may approve one or more liquidators, which may be the Sole Member or the Manager, to carry out the liquidation. In performing its duties, the liquidator is authorized to sell, distribute, exchange or otherwise dispose of Company assets in accordance with the Act in any reasonable manner that the liquidator determines to be in the best interest of the Sole Member.

13. Initial Capital Contributions; Percentage Interests. The Sole Member will contribute cash and/or property to the Company in the amount set forth in Schedule A and shall have a 100% percentage interest (the "Percentage Interest") in the Company.

14. Tax Matters. The Company shall maintain a capital account for the Sole Member in accordance with Treasury Regulation Section 1.704-1(b)(2)(iv). The Company's net income

and net losses shall be allocated in accordance with the Sole Member's Percentage Interest. Sandstone Group, LLC will act as the "tax matters partner" of the Company within the meaning of Section 6231(a)(7) of the Code.

15. Distributions. Distributions to the Sole Member may be at the times and in the amounts determined by the Manager.

16. Admission of Additional or Substitute Member. No additional or substitute Members may be admitted to the Company without the written approval of the Sole Member.

17. Liability of the Sole Member. The Sole Member does not have any liability for the obligations or liabilities of the Company, except to the extent, if any, expressly provided in the Act. The Company shall, to the fullest extent permitted by applicable law, indemnify and hold harmless the Sole Member against any obligations or liabilities of the Company which may be imposed upon (or which any person may seek to impose upon) such Sole Member (including the cost of defending against such a claim) in contravention of this Section 17.

18. Exculpation and Indemnification of the Sole Member and Manager.

(a) The Sole Member and the Manager (each, an "Indemnified Person") shall not be liable to the Company for any loss, claim, damage or liability arising from, related to, or in connection with, this Agreement or the Company's business or affairs, except for any loss, claim, damage or liability determined by final judgment of a court of competent jurisdiction to have resulted from such Indemnified Person's gross negligence or wilful misconduct.

(b) The Company shall, to the fullest extent permitted by applicable law, indemnify and hold harmless the Indemnified Person against any losses, claims, damages or liabilities to which such Indemnified Person may become subject in connection with any matter arising from, related to, or in connection with, this Agreement or the Company's business or affairs, except for such losses, claims, damages or liabilities as are determined by final judgment of a court of competent jurisdiction to have resulted from such Indemnified Person's gross negligence or willful misconduct.

(c) Notwithstanding anything else contained in this Agreement, the indemnity obligations of the Company under paragraph (b) above:

- (i) are in addition to any liability that the Company may otherwise have;
- (ii) are binding upon and inure to the benefit of any successors, assigns, heirs and personal representatives of the Indemnified Person and any such persons; and
- (iii) are limited to the assets of the Company.

19. Amendments. This Agreement may be amended only by written instrument executed by the Sole Member.

20. Notices. All notices, requests and other communications to the Sole Member hereunder must be in writing (including a facsimile or similar writing) and must be given to the Sole Member at its address set forth on Schedule A or at such other address as the Sole Member may specify. Each such notice, request or other communication is effective (i) if given by facsimile, at the time such facsimile is transmitted and the appropriate confirmation is received (or, if such time is not during a business day in the recipient's locale, at the beginning of the next such business day), (ii) if given by mail, three business days (or, if to an address outside the United States seven (7) calendar days) after such communication is deposited in the mails with first class postage prepaid, addressed as aforesaid, or (iii) if given by any other means, when delivered at the address specified pursuant to this Section 20.

21. Headings. The titles of Sections of this Agreement are for convenience only and are not to be interpreted to limit or amplify the provisions of this Agreement.

22. Severability. Each provision of this Agreement is to be considered separable and if for any reason any provision or provisions hereof are determined to be invalid and contrary to any existing or future law, such invalidity does not impair the operation of or affect those portions of this Agreement which are valid.

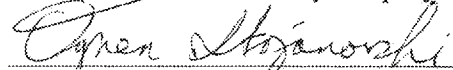
23. Benefits of Agreement. None of the provisions of this Agreement are for the benefit of or enforceable by any creditor of the Company or by any creditor of the Sole Member; provided, however, that Section 18 benefits Indemnified Persons.

24. GOVERNING LAW. THIS AGREEMENT, AND THE INTERPRETATION THEREOF, IS GOVERNED BY AND CONSTRUED UNDER THE LAWS OF THE STATE OF CALIFORNIA.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby, has duly executed this Agreement as of the date first above written.

SOLE MEMBER

Sandstone Group, LLC,
a California limited liability company



By: Ogden Stojanovski, Manager

SCHEDULE A

Sole Member	Initial Capital Contribution	Percentage Interest
Sandstone Group, LLC 2201 Dwight Way Berkeley, California 94704		100%

(17737) #473697.1

**EIN Assistant**

Your Progress: 1. Identity 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.

EIN Assigned: 46-0855646


Legal Name: ODIN WAVE LLC

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

[Continue >>](#)**Help Topics**

 [Can the EIN be used before the confirmation letter is received?](#)

Form SS-4 (Rev. January 2010) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003 EIN 42-0855646				
Type or print clearly.	1	Legal name of entity (or individual) for whom the EIN is being requested Odin Wave, LLC		3 Executor, administrator, trustee, "care of" name				
	2	Trade name of business (if different from name on line 1)		5a Street address (if different) (Do not enter a P.O. box.)				
	4a	Mailing address (room, apt., suite no. and street, or P.O. box) 2201 Dwight Way		5b City, state, and ZIP code (if foreign, see instructions)				
	4b	City, state, and ZIP code (if foreign, see instructions) Berkeley, CA 94704						
	6	County and state where principal business is located Alameda County, CA						
	7a	Name of responsible party Ognen Stojanovski		7b SSN, TIN, or EIN 603-72-1351				
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			8b If 8a is "Yes," enter the number of LLC members 1				
9c	If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9a	Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.							
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ Limited Liability Company								
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____								
9b	If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country				
10	Reason for applying (check only one box)							
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Limited Liability Company <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____								
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____								
11	Date business started or acquired (month, day, year). See instructions. August 9, 2012							
12	Closing month of accounting year December							
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Agricultural 0</td> <td style="width: 33%;">Household 0</td> <td style="width: 33%;">Other 2</td> </tr> </table>						Agricultural 0	Household 0	Other 2
Agricultural 0	Household 0	Other 2						
14	If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/>							
15	First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). September 1, 2012							
16	Check one box that best describes the principal activity of your business.							
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) Research and Development								
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Research and Development							
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____							
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.								
Third Party Designee	Designee's name Racquel White c/o Fitzgerald Abbott & Beardsley LLP			Designee's telephone number (include area code) (510) 451-3300				
	Address and ZIP code 1221 Broadway, 21st Floor, Oakland, CA 94612			Designee's fax number (include area code) (510) 451-1527				
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.								
Name and title (type or print clearly) ▶ Ognen Stojanovski, Manager								
Signature ▶ <i>Ognen Stojanovski</i> Date ▶ 8/23/2012								
Applicant's tax number (include area code) (415) 745-2636								
Applicant's fax number (include area code) ()								

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No 16055N

Form SS-4 (Rev. 1-2010)

[illegible]

**DEPARTMENT OF
CORPORATIONS**

CALIFORNIA'S INVESTMENT & FINANCING AUTHORITY - ESTABLISHED 1913

COMMISSIONER OF CORPORATIONS

STATE OF CALIFORNIA

Notice of Transaction Pursuant to Corporations Code Section 25102(f)
(Electronic Version)

DATE: 11/02/2012

ISSUER INFORMATION

Name: Odin Wave, LLC
 Contact: Ognen Stojanovski
 Address: 2201 Dwight Way, Berkeley, CA 94704, USA
 Mailing Address: 2201 Dwight Way, Berkeley, CA 94704, USA
 Telephone: (415) 745-2636
 Fax:
 Place and type of Organization: California, Limited Liability Company

ISSUER'S REPRESENTATIVE INFORMATION

Name: Fitzgerald Abbott & Beardsley, LLP
 Contact: Annalisa Horecka
 Address: 1221 Broadway, 21st Floor, Oakland, CA 94612, USA
 Mailing Address: 1221 Broadway, 21st Floor, Oakland, CA 94612, USA
 Telephone: (510) 451-3300
 Fax: (510) 451-1527

TRANSACTION DETAILS

Date of first sale: 11/01/2012
 Securities Offered or Sold in Transaction: Other
 Details or Description of Securities Sold: Membership Interest
 Type of filing and/or exemption under Securities Act of 1933: None
 Filing under Rule 260.103: No

VALUE OF TRANSACTION

	California	Total Offering
Money:	\$100.00	\$100.00
Other Consideration:	\$0.00	\$0.00
<hr/>		
TOTAL:	\$100.00	\$100.00
NOTICE FILING FEE:	\$25.00	

TO THE CALIFORNIA CORPORATIONS COMMISSIONER:

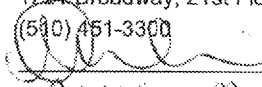
Odin Wave, LLC, a/an Limited Liability Company organized under the laws of California, do/does hereby irrevocably appoint the California Corporations Commissioner of the State of California, or the Commissioner's successor in office, to be its attorney to receive service of any lawful process in any noncriminal suit, action or proceeding against it, or its successor, executor, or administrator which arises under the California Corporate Securities Law of 1968 or any rule or order thereunder after this consent has been filed, with the same force and validity as if served personally on Odin Wave, LLC.

For the purpose of compliance with the Corporations Code of the State of California, notice of the service and a copy of the process should be sent by registered or certified mail to Odin Wave, LLC at the following address:

Name: Odin Wave, LLC
 Attention: Ognen Stojanovski
 Address: 2201 Dwight Way Berkeley CA 94704, USA
 Telephone: (415) 745-2636

I REPRESENT THAT I am submitting this limited offering exemption notice filing and appointment of California Corporations Commissioner as process agent on behalf of, and with the authority of, Odin Wave, LLC, and that all representations made herein are current, true, and complete. I further represent that I have authority to irrevocably appoint the California Corporations Commissioner of the State of California as the agent of Odin Wave, LLC to receive service of process.

Submitted by:

Individual: Annalisa Horecka
 Organization: Fitzgerald Abbott & Beardsley, LLP
 Address: 1221 Broadway, 21st Floor, Oakland, CA 94612, USA
 Telephone: (510) 451-3300
 Signature: 
 Name and Title: Annalisa M. Horecka
 Date: 11-2-12

The issuer, or the issuer's representative (see Rule 260.102.14), shall sign and date the form and maintain the signed form in its books and records for five years as required by Rule 260.102.14 (10 C.C.R. Section 260.102.14).

(Department of Corporations Use Only)

Fee paid \$ _____

DEPARTMENT OF CORPORATIONS FILE NO., if any: _____

Receipt No. _____

Insert File number(s) of Previous Filings Before the Department, if any. _____

Fee: \$25.00 \$35.00 \$50.00 \$150.00 \$300.00

(Circle the appropriate amount of fee. See Corporations Code Section 25608(c))

COMMISSIONER OF CORPORATIONS
STATE OF CALIFORNIA

NOTICE OF TRANSACTION PURSUANT TO CORPORATIONS CODE SECTION 25102(f)

A. Check one: Transaction under (X) Section 25102(f) () Rule 260.103.

ELECTRONIC FILING REQUIREMENT AND HARDSHIP EXCEPTION:

This notice must be filed electronically through the Internet process made available by the Department of Corporations on www.corp.ca.gov, unless the issuer claims the hardship exception as described in Number 8 below.

1. Name of Issuer: _____

Odin Wave, LLC

2. Address of Issuer: _____

2201 Dwight Way, Berkeley, California 94704

Street

City

State

Zip

Mailing Address: _____

2201 Dwight Way, Berkeley, California 94704

Street

City

State

Zip

3. Area Code and Telephone Number: _____

4. Issuer's state (or other jurisdiction) of incorporation or organization: _____

California

5. Title of class or classes of securities sold in transaction: _____

Membership Interests

6. The value of the securities sold or proposed to be sold in the transaction, determined in accordance with Corporations Code Sec. 25608(g) in connection with the fee required upon filing this notice, is (fee based on amount shown in line (iii) under "Total Offering"):

	<i>California</i>	<i>Total Offering</i>
(a)(i) in money	\$ _____	\$ _____
(ii) in consideration other than money	\$ _____	\$ _____
(iii) total of (i) and (ii)	\$ _____	\$ _____

(b) () Change in rights, preferences, privileges or restrictions of or on outstanding securities (\$25.00 fee.)
(See Rule 260.103.)

7. Type of filing under Securities Act of 1933, if applicable: N/A

8. **Hardship Exception for electronic filing.** An issuer may file this paper notice in person or by mail only if either of the following exceptions apply. The issuer shall check applicable box and include the reason(s) and description(s) for the hardship exception in the space provided.

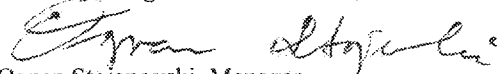
- ☐ Computer equipment including hardware and software is unavailable to the issuer without unreasonable burden or expense. If this is the case, describe below both of the following; the reason(s) that the computer equipment including hardware and software is unavailable without unreasonable burden or expense, and the description(s) of the unreasonable burden or expense.
- ☐ The issuer cannot obtain and provide information (including credit card or other identifying information) requested on the Department's electronic notice or through the Internet filing process. If this the case, describe below both of the following: the reason(s) that the issuer cannot obtain and provide the requested information on the electronic notice or through the Internet filing process without unreasonable burden or expense, and the description(s) of the unreasonable burden or expense to the issuer to make the electronic filing.

After checking the applicable hardship exception above, the issuer shall describe below the reason(s) and description(s) for that hardship exception. (If additional space is needed, attach a separate sheet to this notice.)

9. () Check if issuer already has a consent to service of process on file with the Commissioner. (Instruction: Each issuer (other than a California Corporation) filing a notice under Section 25102(f) must file a consent to service of process (Form 260.165), unless it already has a consent to service on file with the Commissioner. If no consent to service of process is on file with the Commissioner, attach the consent to this notice.)

10.

Authorized Signature on behalf of issuer




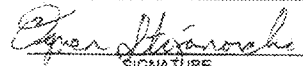
Ognen Stojanovski, Manager

Print name and title of signatory

Date 9/5/2012

Name, Address and Phone number of contact person:

John F. Gardner
1221 Broadway, 21st Floor, Oakland, CA 94612
(510) 451-3300

 State of California Secretary of State		<div style="border: 1px solid black; padding: 2px; width: 20px; margin: 0 auto;">L</div>
STATEMENT OF INFORMATION (Limited Liability Company)		
Filing Fee \$20.00. If this is an amendment, see instructions. IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM		
1. LIMITED LIABILITY COMPANY NAME Odin Wave, LLC		This Space For Filing Use Only
File Number and State or Place of Organization		
2. SECRETARY OF STATE FILE NUMBER 201222210221	3. STATE OR PLACE OF ORGANIZATION (If formed outside of California) California	
No Change Statement		
4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety. <input type="checkbox"/> If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.		
Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)		
5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 2201 Dwight Way	CITY Berkeley, CA	STATE ZIP CODE CA 94704
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE ZIP CODE
CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) 2201 Dwight Way	CITY Berkeley	STATE ZIP CODE CA 94704
Name and Complete Address of the Chief Executive Officer, if Any		
8. NAME	ADDRESS	CITY STATE ZIP CODE
Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)		
9. NAME	ADDRESS	CITY STATE ZIP CODE
Ognen Stojanovski	2201 Dwight Way	Berkeley, CA 94704
10. NAME	ADDRESS	CITY STATE ZIP CODE
11. NAME	ADDRESS	CITY STATE ZIP CODE
Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.		
12. NAME OF AGENT FOR SERVICE OF PROCESS John F. Gardner		
13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL 1221 Broadway, 21st Floor	CITY Oakland	STATE ZIP CODE CA 94612
Type of Business		
14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY Research and Development		
15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.		
DATE 8/23/2012	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM Ognen Stojanovski	TITLE Manager
		SIGNATURE 
LLC-12 (REV 01/2012)		APPROVED BY SECRETARY OF STATE

STATEMENT OF ORGANIZER

OF

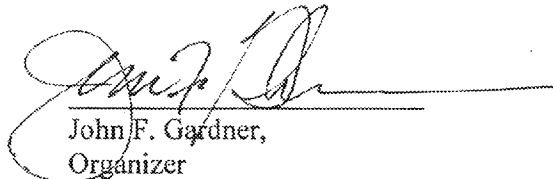
ODEN WAVE, LLC

The Articles of Organization of Oden Wave, LLC (the "Company") having been filed in the Office of the Secretary of State of the State of California on August 9, 2012, the undersigned, being the organizer named in the Articles, does hereby take the following action for the purpose of organizing the Company:

1. The following person is hereby appointed as the initial Manager of the Company, to hold office until the first annual meeting of members or until his successor is elected and qualified:

Ognen Stojanovski

IN WITNESS WHEREOF, the undersigned has executed this statement on August 15, 2012.



John F. Gardner,
Organizer

(17737) #473144.1



FITZGERALD ABBOTT & BEARDSLEY LLP
ATTORNEYS AT LAW

1221 Broadway, 21st Floor Oakland, CA 94612
reply to: P.O. Box 12867 Oakland, CA 94604-2867

tel 510.451.3300
fax 510.451.1527
www.fablalaw.com

August 21, 2012

Odin Wave, LLC
2201 Dwight Way
Berkeley, CA 94704
ATTN: Ognen Stojanovski,
Manager

Re: Formation of Odin Wave, LLC.

Dear Ognen:

We are pleased to have completed the initial formation and organization of Odin Wave, LLC, and enclose the corporate documentation for your files. This letter is also to serve as a quick reference for the formation process and the conduct of Odin Wave, LLC's business affairs.

A. Formation and Organizational Documentation.

The following documents are required in connection with the formation, organization and capitalization of the company:

1. Articles of Organization. The Articles of Organization for Odin Wave LLC were filed with the Secretary of State on August 8, 2012. A Certificate of Amendment changing the name to Odin Wave, LLC was filed on August 17, 2012. We are enclosing original endorsed-filed copies of these two documents for your files.
2. Operating Agreement. The Operating Agreement governs the basic operation of the company. A draft Operating Agreement is enclosed for your review. Should it meet your approval, please return a signed copy for our files.
3. Federal Tax Identification Number (Form SS-4). As discussed, we will file for and obtain a Federal Tax Identification Number on your behalf.
4. Statement of Information (Form LLC-12). We will also file a Statement of Information on your behalf. This form must be filed in September every two years hereafter in order to keep the company in good standing. The Secretary of State will send you a blank form about four months before it is due every other year.

8/21/12 (38888) #473764.1

R.M. FITZGERALD 1858 - 1934 CARL H. ABBOTT 1867 - 1933 CHARLES A. BEARDSLEY 1862 - 1963

Odin Wave, LLC
August 21, 2012
Page 2

B. Observance of Company Formalities.

You should be aware that a member who fails to observe certain formalities may become personally liable for company obligations because of the manner in which he or she deals with the company. This may occur when a member treats the company as his or her "alter ego" rather than as a separate entity. It is therefore critical that you observe at a minimum the following formalities:

1. Under no circumstances should any manager, officer, member, or employee of the company run the payment of any personal item through the books of the company. Company and personal funds must be strictly segregated at all times.

2. All contracts entered into by the company should clearly reflect that the company is a responsible contracting entity to avoid potential personal liability for the company's obligations. All signatories must clearly indicate that they are signing as representatives of the company. We recommend the following signature format:

Odin Wave, LLC,
a California limited liability company

By: _____
Ognen Stojanovski,
Manager

3. All letterheads, bills, invoices and other business forms used by the company should reflect its full and legal name as well as its current address and telephone number. The telephone numbers of the company should be listed under its name with the telephone company and all telephone and trade directories. Business cards should indicate both the company's name as well as the employee's name.

4. A complete new set of accounting books should be opened for the company, together with appropriate bank accounts.

C. Other Post-Formation Matters.

Although it is not intended to be exhaustive, the following checklist summarizes the legal requirements which will be required by the company after the initial formation and organization:

1. Estimated Federal Income Tax. The company will typically be required to pay estimated federal income tax in installments. You should consult with your accountant regarding such installments, their due dates, and required forms.

Odin Wave, LLC
August 21, 2012
Page 3

2. Estimated California Annual Fee (Income Tax). The company will be required to pay estimated California Annual Fees in installments if the company has a sufficient amount of income attributable to California (currently \$250,000). You should consult with your accountant regarding such installments, due dates, and the required forms.

3. California Limited Liability Company Annual Tax. California limited liability company Annual Tax is imposed in advance for the privilege of exercising the franchise in California for each taxable year. The Annual Tax is a flat amount of \$800 per year (currently). You should consult with your accountant regarding the Annual Tax, due dates, and the required forms.

4. Income and Franchise Tax Returns. Both federal and California income tax returns must be filed with the appropriate agencies, and your accountant is best suited to accommodate this requirement.

5. Personal Property Taxes. If the company owns personal property which cost \$30,000 or more, it must file a property statement with the County Assessor between April 1 and the last Friday in May.

6. Payroll Withholding.

a. Federal. The company will be required to withhold income tax and social security tax from taxable wages paid to any employees. Funds withheld must be deposited in certain depositories accompanied by a Federal Tax Deposit Form. An "Employer's Quarterly Federal Tax Return" must then be filed before the end of the month following each calendar quarter. Any officer or other person charged with the withholding of taxes may become personally liable for a 100% penalty if he fails to file the appropriate forms.

b. California. The company will also be required to withhold California income tax from any employees' taxable wages. Within 15 days after becoming subject to the personal income tax withholding requirements, the employer must register with the Department of Employment Development. A booklet entitled "Employer's Tax Guide for the Withholding Payment and Reporting of California Income Tax" may be obtained from the EDD.

7. Federal Unemployment Tax. The "Unemployment Tax Return" must be filed and any balance due paid on or before January 31.

8. California Unemployment Compensation Insurance. The company must register with the California Department of Employment Development. Forms for returns are mailed automatically to all registered employers.

9. Workers' Compensation. All employers must either be insured against worker's compensation liability by an authorized insurer or obtain

Odin Wave, LLC
August 21, 2012
Page 4

from the Director of Industrial Relations a Certificate of Consent to Self-Insure. The required insurance may be obtained through the nearest local office of the State Compensation Insurance Fund, or it may be placed with a licensed workers' compensation private carrier.

10. Licenses and Permits. The corporation may be required to obtain one or more licenses or permits in order to conduct its business. For example, the City of Berkeley may require a city business license, the County of Alameda may require further licenses, and there may be other licenses required in connection with the operation of the company.

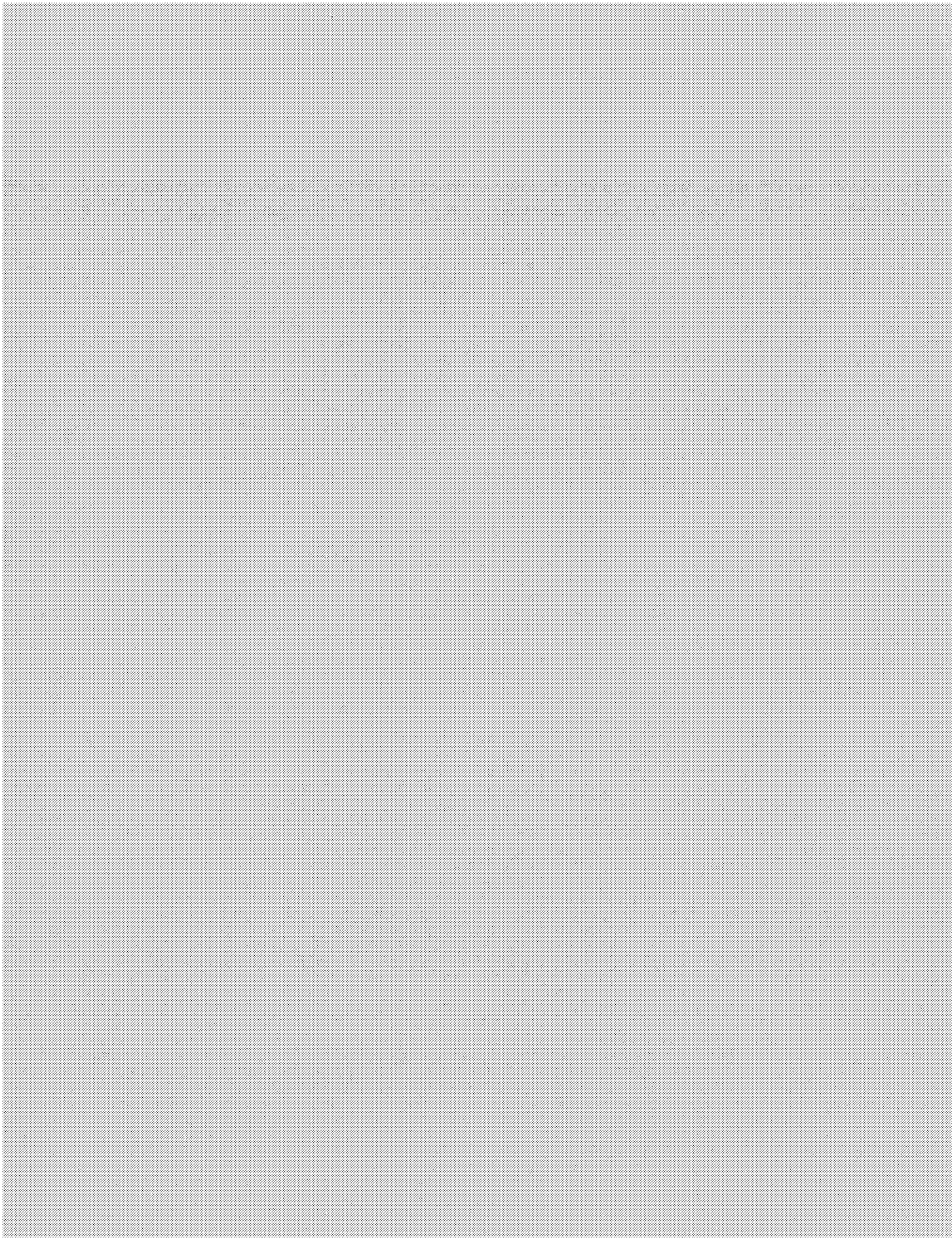
The foregoing is a brief summary of some legal and accounting issues as they now exist. The laws and regulations applicable to limited liability companies change rapidly, and are more detailed than we have been able to cover in this letter. Thus, I suggest that you contact us whenever you have a particular question. If you should ever have any questions regarding the operation of the company, please do not hesitate to give me a call.

Sincerely,



John F. Gardner

JFG:jag
Enclosures
CBM-SFSF531145





FITZGERALD ABBOTT & BEARDSLEY LLP
ATTORNEYS AT LAW

1221 Broadway, 21st Floor Oakland, CA 94612
reply to: P.O. Box 12867 Oakland, CA 94604-2867

tel 510.451.3300
fax 510.451.1527
www.fablaw.com

Annalisa M. Horecka
ahorecka@fablaw.com

October 26, 2012

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Franchise Tax Board
PO Box 942857
Sacramento, CA 94257-0631

SUBJECT: Odin Wave, LLC
SOS #: 201223510310

ENCLOSURES:

- FTB Form 3522, LLC Tax Voucher
- Check #22987

REQUESTED

ACTION: Please apply this payment to the above-referenced limited liability company's account.

Very truly yours,

FITZGERALD ABBOTT & BEARDSLEY LLP

By Annalisa Horecka ^{meB}
Annalisa M. Horecka
Paralegal

10/26/12 (28678) #481829.2

R.M. FITZGERALD 1858 - 1934 CARL H. ABBOTT 1867 - 1933 CHARLES A. BEARDSLEY 1882 - 1963

Instructions for Form FTB 3522

LLC Tax Voucher

What's New

Limited liability companies (LLCs) can use MyFTB Account for Businesses to view estimated tax payments online. Go to ftb.ca.gov and search for myftb account. LLCs can also make payments online using Web Pay for Businesses. The Franchise Tax Board (FTB) does not charge for this service. Go to ftb.ca.gov and search for web pay.

General Information

Use form FTB 3522, LLC Tax Voucher, to pay the annual LLC tax of \$800 for taxable year 2012. An LLC should use this voucher if any of the following apply:

- The LLC has articles of organization accepted by the California Secretary of State (SOS).
- The LLC has a certificate of registration issued by the SOS.
- The LLC is doing business in California.

You can download, view, and print California tax forms and publications at ftb.ca.gov.

Access other state agencies' websites at ca.gov.

Who Must Pay the Annual LLC Tax

Every LLC that is doing business in California or that has articles of organization accepted or a certificate of registration issued by the SOS is subject to the \$800 annual tax. The tax must be paid for each taxable year until a certificate of cancellation of registration or of articles of organization is filed with the SOS. Get FTB Pub. 1038, Guide to Dissolve, Surrender, or Cancel a California Business Entity, for more information.

For taxable years beginning on or after January 1, 2003, an LLC as described in Internal Revenue Code Sections 501(c)(2) and 501(c)(25) and California Revenue and Taxation Code Sections 23701h and 23701x is exempt from the annual LLC tax.

When to Pay the Annual LLC Tax

The annual LLC tax is due and payable by the 15th day of the 4th month after the beginning of the LLC's taxable year (fiscal year) or April 17, 2012 (calendar year). Due to the Emancipation Day holiday on April 16, 2012, tax returns filed and payments mailed or submitted on April 17, 2012, will be considered timely.

The first taxable year of an LLC begins when the LLC files its articles of organization with the SOS. The first taxable year of a foreign LLC begins when the LLC is organized in another state.

If the 15th day of the 4th month of an existing foreign LLC's taxable year has passed before the foreign LLC commences business in California or registers with the SOS, the annual LLC tax should be paid immediately after commencing business or registering with the SOS.

Example: LLC1, a newly-formed calendar year taxpayer, organizes as an LLC in Delaware on June 1, 2012. LLC1 registers with the SOS on August 13, 2012, and begins doing business in California on August 14, 2012. Because LLC1's initial taxable year begins on June 1, 2012, the annual LLC tax is due by September 17, 2012 (the 15th day of the 4th month of the short-period taxable

year). LLC1's short-period (June 1, 2012-December 31, 2012) tax return is due by April 15, 2013. The annual tax payment for taxable year 2013, with form FTB 3522 also is due by April 15, 2013.

How to Complete Form FTB 3522

Enter all the information requested using black or blue ink. To ensure the timely and proper application of the payment to the LLC's account, enter the SOS file number (assigned upon registration with the SOS), and the federal employer identification number (FEIN).

Series LLC – After the name for each series, write "Series LLC # ____." In addition, write "Series LLC" in red in the top right margin of the voucher. Only the first series to pay tax or file a return may use an SOS file number. For all other series, enter zeroes in the SOS file number field. We will notify each series of its assigned number after we receive its initial payment voucher. The series LLC should use this assigned number for subsequent years. See FTB Pub. 3556, Limited Liability Company Filing Information, for more information.

Private Mail Box (PMB)

Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Where to File

Using black or blue ink, make a check or money order payable to the "Franchise Tax Board." Write the SOS file number, FEIN, and "2012 FTB 3522" on the check or money order. Detach the payment voucher from the bottom of the page.

Enclose, but do not staple, your payment with the voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0631

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution. If no payment is due or paid electronically, do not mail this voucher.

Penalties and Interest

If the LLC fails to pay its annual tax by the 15th day of the 4th month after the beginning of the taxable year, a late payment penalty plus interest will be assessed for failure to pay the annual LLC tax by the due date. The FTB may waive the late penalty, based on reasonable cause, where the greater of the annual tax or 90% of the tax shown on the return is paid by the original due date of the return. The penalty and interest will be computed from the due date of the tax to the date of payment.

Late Payment of Prior Year Annual LLC Tax

If a prior year LLC tax of \$800 was not paid by the 15th day of the 4th month after the beginning of the taxable year, the tax should be paid as soon as possible, using the appropriate taxable year form FTB 3522. Do not use any other form for payment of the tax. This will assure proper application of the payment to the LLC's account.

✂ DETACH HERE _____ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER _____ DETACH HERE ✂
Fiscal year: File and Pay by the 15th day of the 4th month after the beginning of the taxable year.
Calendar year: File and Pay by APRIL 17, 2012.

TAXABLE YEAR

CALIFORNIA FORM

2012 LLC Tax Voucher

3522

For calendar year 2012 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

Limited liability company name

Odin Wave, LLC

Secretary of State (SOS) file number

2 0 1 2 2 2 2 1 0 2 2 1

DBA

FEIN

4 6 0 8 5 5 6 4 6

Address (suite, room, PO Box, or PMB no.)

2201 Dwight Way

City

Berkeley

State

C A

ZIP Code

9 4 7 0 4

Contact Telephone no.

4 1 5 7 4 5 2 6 3 6

Amount of payment

8 0 0 . 00

6111123

FTB 3522 2011

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

FITZGERALD ABBOTT & BEARDSLEY LLP
GENERAL ACCOUNT
1221 BROADWAY 21ST FLOOR
OAKLAND, CA 94612



22987

90-203/1211

Eight Hundred and No/100 Dollars

PAY
TO THE
ORDER OF

DATE

CONTROL NO.

AMOUNT

10/26/2012

22987

\$800.00

Franchise Tax Board

TWO SIGNATURES REQUIRED IF OVER \$5,000.00
VOID AFTER 6 MONTHS

EIN 46-0855646

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

⑈022987⑈ ⑆121102036⑆ 041549988⑈

FITZGERALD ABBOTT & BEARDSLEY LLP

GENERAL ACCOUNT

22987

DATE	DESCRIPTION	AMOUNT	DEDUCTION	NET AMOUNT
10-26-2012	Franchise Tax Board 10262012 AMH 1 10/26/12 Annual LLC Tax/11635-28679/AMH			800.00
CHECK DATE 10/26/2012	CONTROL NUMBER 22987	TOTALS ►		\$800.00

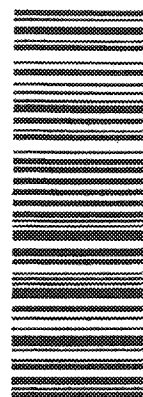


FITZGERALD ABBOTT & BEARDSLEY LLP
ATTORNEYS AT LAW

P.O. Box 12867
Oakland, California 94604-2867

ADDRESS CORRECTION REQUESTED

PLACE STICKER ATTACHED TO THE RIGHT
OF THE MAIL ADDRESS FOR A CORRECTIVE
CERTIFIED MAIL™



7011 1570 0002 9258 9210
7011 1570 0002 9258 9210

PS Form 3800, August 2006
See Reverse for Instructions

Sent to
City, State, ZIP+4
P.O. Box No.
Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0631

Postage	\$ 4.45
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.75

Postmark Here

For delivery information visit our website at www.usps.com

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Franchise Tax Board
PO Box 942857
Sacramento, CA 94257-0631

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article addressed to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0631

neopost
10/26/2012
US POSTAGE \$05.75
ZIP 94612
041111214668

UNITED STATES POSTAL SERVICE

* Sender: Please print your name, address, and ZIP+4 in this box *

FITZGERALD ABBOTT & BEARDSLEY LLP
1221 BROADWAY, 21st FLOOR
OAKLAND, CA 94612

MCB # 28678

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail
☐ Express Mail
☐ Registered
☐ Return Receipt for Merchandise
☐ Insured Mail
☐ O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7011 1570 0002 9258 9203

PS Form 3811, February 2004

Domestic Return Receipt

1105000-000-000-000